



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

PAROLE BOARD

12 Mercer Road
Natick, Massachusetts 01760



Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor

Thomas A. Turco, III
Secretary

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Paul M. Treseler
Chairman

Gloriann Moroney
Executive Director
General Counsel

AUTHORIZATION FOR THIRD PARTIES TO REVIEW AND/OR RECEIVE A COPY OF PAROLE RECORDS, WHICH MAY CONTAIN CRIMINAL OFFENDER RECORD INFORMATION (CORI) AND EVALUATIVE INFORMATION

This authorization is valid for one year from the date it is signed. Revocation of this authorization prior to this date must be done in writing by the CORI-protected individual

A. TO BE COMPLETED BY THE CORI-PROTECTED INDIVIDUAL:

1) NAME: _____
(FIRST) (MIDDLE) (LAST)

2) _____ 3) _____ 4) _____
DATE OF BIRTH SOCIAL SECURITY NUMBER COMMITMENT NUMBER

5) FATHER'S NAME: _____
(FIRST) (MIDDLE) (LAST)

6) MOTHER'S MAIDEN NAME: _____
(FIRST) (MIDDLE) (LAST)

7) CURRENT ADDRESS: _____

8) CURRENT TELEPHONE NUMBER: _____

9) I, _____, HEREBY AUTHORIZE THE FOLLOWING
INDIVIDUAL, DESCRIBED IN SECTION B, TO REVIEW AND/OR COPY THE INDICATED INFORMATION HELD
BY THE MASSACHUSETTS PAROLE BOARD.

NAME OF AUTHORIZED INDIVIDUAL: _____

10) I HEREBY SWEAR AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION ABOVE IS
COMPLETE, ACCURATE, AND TRUTHFULLY GIVEN TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND
THAT THIS AUTHORIZATION IS FOR THE PURPOSE OF ALLOWING THE PERSON NAMED IN SECTION B TO
REVIEW AND/OR COPY MY OWN PAROLE RECORDS, WHICH MAY CONTAIN CORI AND/OR EVALUATIVE
INFORMATION AND NOT FOR GAINING ACCESS TO ANY OTHER PERSON'S CORI AND/OR EVALUATIVE
INFORMATION.

SIGNATURE

DATE

B. TO BE COMPLETED BY THE AUTHORIZED INDIVIDUAL:

3) NAME: _____
(FIRST) (MIDDLE) (LAST)

4) ADDRESS: _____
(STREET) (APARTMENT NUMBER)

(CITY OR TOWN) (STATE) (ZIP CODE) DAYTIME TELEPHONE (E-MAIL ADDRESS)

5) RELATIONSHIP TO INDIVIDUAL NAMED IN RECORD: _____

6) PLEASE RESPOND TO BOTH OF THE FOLLOWING STATEMENTS:

A. ☐ I AM ☐ I AM NOT PRESENTLY A CORRECTIONAL INMATE OR PAROLEE

B. ☐ I HAVE ☐ I HAVE NOT BEEN A CORRECTIONAL INMATE OR PAROLEE WITHIN THE
LAST FIVE YEARS

7) NAME OF ANY DESIGNATED AGENTS OF THE AUTHORIZED INDIVIDUAL: _____

8) I HEREBY SWEAR AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT ALL STATEMENTS AND REPRESENTATIONS AS COMPLETED ABOVE ARE ACCURATE AND TRUTHFULLY GIVEN, AND THAT I HAVE BEEN DULY AUTHORIZED TO REVIEW AND/OR COPY THE PAROLE RECORDS OF THE INDIVIDUAL NAMED IN SECTION A, AND THAT I WILL NOT USE THIS AUTHORIZATION FOR THE PURPOSE OF GAINING ACCESS TO ANY OTHER PERSON'S PAROLE AND OR CORI RECORDS, AND THAT NEITHER I NOR MY DESIGNATED AGENT WILL MAKE ANY FURTHER DISSEMINATION OF THIS INFORMATION TO ANY PERSON OTHER THAN THE INDIVIDUAL NAMED IN THE RECORD.

SIGNATURE

DATE